

Patient name (L,F,M): _____ DOB: _____ Race: _____ Sex: _____
Address: _____ Social Security Number: _____
City, State, ZIP: _____ Home/Work #: _____
Cell #: _____ Language: _____ Patient Pregnant: ☐ No ☐ Yes; If Yes, LMP: _____
Country of Origin: _____ Year arrived in US: _____ Interpreter needed: ☐ No ☐ Yes Last Live Vaccine: _____

I. Screen for TB Symptoms (Check all that apply)

☐ None (Skip to Section II, "Screen for Infection Risk")
☐ Cough for ≥ 3 weeks \rightarrow Productive: ☐ YES ☐ NO
☐ Hemoptysis
☐ Fever, unexplained
☐ Unexplained weight loss
☐ Poor appetite
☐ Night sweats
☐ Fatigue

Evaluate these symptoms
in context

**Pediatric Patients
(≤ 6 years of age):**

☐ Wheezing
☐ Failure to thrive
☐ Decreased activity,
playfulness and/or energy
☐ Lymph node swelling
☐ Personality changes

History of BCG / TB Skin Test / TB Treatment:

History of prior BCG: ☐ NO ☐ YES \rightarrow Year: _____
History of prior (+) TST: ☐ NO ☐ YES
Date of (+) TST _____ Reading: _____ mm
CXR Date: _____ CXR result: ☐ ABN ☐ WNL
Dx: ☐ LTBI ☐ Disease
Tx Start: _____ Tx End: _____
Rx: _____
Completed: ☐ NO ☐ YES
Location of Tx: _____

III. Finding(s) (Check all that apply)

☐ Previous Treatment for LTBI and/or TB disease
☐ No risk factors for TB infection
☐ Risk(s) for infection and/or progression to disease
☐ Possible TB suspect
☐ previous positive TST, no prior treatment

IV. Action(s) (Check all that apply)

☐ Issued screening letter ☐ Issued sputum containers
☐ Referred for CXR ☐ Referred for medical
Evaluation
☐ Administered the Mantoux TB Skin Test
☐ Draw interferon-gamma release assay
Other: _____

#1 TST Lot# _____ or IGRA (Check One)
Date Given or Drawn _____ Time _____ Site _____
Signature _____ POS# _____
TST READING/ IGRA Results Date Read _____
Time _____ Signature _____ POS# _____
Induration _____ mm Pos Neg (TST or IGRA)
Borderline/Indeterminate - IGRA ONLY

#2 TST Lot# _____ or IGRA (Check One)
Date Given or Drawn _____ Time _____ Site _____
Signature _____ POS# _____
TST READING/ IGRA Results Date Read _____
Time _____ Signature _____ POS# _____
Induration _____ mm Pos Neg (TST or IGRA)
Borderline/Indeterminate - IGRA ONLY

Screener's signature: _____
Screener's name(print): _____
Date: _____ Phone #: _____

II. Screen for TB Infection Risk (Check all that apply)

Individuals with an increased risk for acquiring latent TB infection (LTBI) or for progression to active disease once infected should have a TST. Screening for persons with a history of LTBI should be individualized.

**A. Assess Risk for Acquiring LTBI
The Patient...**

☐ is a current high risk contact of a person known or suspected to have TB disease: Name of source case: _____
☐ lived in or visited another country where TB is common for 3 months or more, regardless of length of time in the U.S.
☐ is a resident or an employee of a high TB risk congregate setting
☐ is a healthcare worker who serves high-risk clients
☐ is medically underserved
☐ has been homeless within the past two years
☐ is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories
☐ injects illicit drugs or uses crack cocaine
☐ is a member of a group identified by the health department to be at an increased risk for TB infection
☐ needs baseline/annual testing approved by the health department

**B. Assess Risk for Developing TB Disease if Infected
The Patient...**

☐ is HIV positive
☐ has risk for HIV infection, but HIV status is unknown
☐ was recently infected with *Mycobacterium tuberculosis*
☐ has certain clinical conditions, placing them at higher risk for TB disease: _____
☐ injects illicit drugs (determine HIV status): _____
☐ has a history of inadequately treated TB
☐ is $>10\%$ below ideal body weight
☐ is on immunosuppressive therapy - includes treatment with TNF- α antagonists (Remicad, Humira, etc.), other biologic response modifiers or prednisone ≥ 1 mo. ≥ 15 mg/day

I hereby authorize the doctors, nurses, or nurse practitioners of the Virginia Department of Health to administer the Tuberculin SkinTest (PPD) or draw blood for an IGRA test from me or my child named above.

I agree that the results of this test may be shared with other health care providers.

The Deemed Consent for blood borne diseases has been explained to me and I understand it.

I acknowledge that I have received the Notice of Privacy Practices from the Virginia Department of Health.

I understand that:

- this information will be used by health care providers for care and for statistical purposes only.

- this information will be kept confidential.

- medical records must be kept at a minimum for 10 years after my last visit, 5 years after death; for minor children, 5 years after the age of 18, or 10 years after the last visit, whichever is greater.

X _____ Date: _____
Client or Parent/Guardian Signature

Instructions for the TB Risk Assessment (TB512)

Purpose of Form

The TB Risk Form (TB 512) is a tool to assess and document a patient's symptoms and/or risk factors. Completing this form will also help in determining the need for future medical testing and evaluation.

Directions for Completing the Form

Print clearly and complete this form according to the instructions provided below.

I. Screen for Presence of TB Symptoms

Screen the patient for symptoms of active TB disease

- All symptomatic individuals should: (1) receive a test for TB infection if not previously positive (TST or IGRA); (2) have their sputum collected; (3) be referred for an immediate chest x-ray and medical evaluation, regardless of the TST result.
- If the patient does not have symptoms of active TB disease, go to Section II and assess risk for LTBI and/or disease.
- *Symptoms of active TB disease are more subtle in children.* Children with symptoms of active TB disease should receive a TST, CXR and immediate medical evaluation by medical personnel knowledgeable about pediatric TB.

II. Screen for TB Infection Risk (In subsections A and B, check all the risk factors that apply)

Section II has 2 sections. Section A: "Assess Risk for Acquiring LTBI", Section B: "Assess Risk for Developing TB Disease if infected".

- If a patient has one or more risk factors for LTBI as listed in sections A or B, then go to Section III and administer the TST or IGRA.
- If a patient does not have risk factors for LTBI, do not administer the TST or IGRA. Go to Section III and place a check next to "No Risk Factors for TB Infection."
- If the patient's school, employment, etc. requires a TB screening, place a check next "Issued Screening Letter" (Section IV) and provide this document to the patient.

A. Assess Risk for Acquiring LTBI -- The following are definitions of select categories of persons at risk for LTBI

- *Person is a current close contact of another individual known or suspected to have TB disease --*
Person is part of a current TB contact investigation
- *Lived in or visited another country where TB is common for 3 months or more, regardless of time in the U.S. --*
Person lived or visited a high endemic country ≥ 3 months. High endemic country is defined as a case rate of $\geq 20/100,000$. See VDH list for high TB endemic countries.
- *Person is a resident/employee of high TB risk congregate settings--*
These settings are correctional facilities, nursing homes, and long-term care institutions for the elderly, mentally ill and persons with AIDS.
- *Person is a health care worker who serves high risk clients --*
Screen for the individual risk factors for TB infection, unless screening efforts are part of an ongoing facility infection control program approved by local health department.
- *Person is medically underserved --*
Person doesn't have a regular health care provider, and has not received medical care within the last 2 years.
- *Person is an infant, a child or an adolescent exposed to an adult(s) in high-risk categories --*
Child has foreign-born parents, or child's parents/caretakers are at high risk for acquiring TB infection.
- *Person is a member of a group identified by a local health department to be at an increased risk for TB infection --*
Identification of a group is based on local epidemiologic data showing an increase in the number of persons with TB disease or TB infection in the given group.
- *Person needs baseline/annual testing approved by health department --* includes those entering health professions; new health care workers need 2-step TST unless documented negative TST in prior 12 months. A single IGRA is also acceptable. May include screening program that is approved by the local health dept. for facilities or individuals at an increased risk for LTBI.

B. Assess Risk for Developing TB Disease if infected - The following are definitions of select categories of persons at risk for TB disease if infected

- *Person's HIV Status is unknown but has risk for HIV infection--*
Offer HIV test. Administer the TB Skin Test, even if the patient refuses the HIV test.
- *Person with clinical conditions that place them at high risk --*
Conditions include substance abuse, chest x-ray findings that suggest previous TB, diabetes mellitus, silicosis, prolonged corticosteroid therapy, cancer of the head and neck, leukemia, lymphoma, hematologic and reticuloendothelial diseases, end stage renal disease, intestinal bypass or gastrectomy, and chronic malabsorption syndromes.
- *Person is on immunosuppressive therapy --*
Person is taking ≥ 15 mg/day of prednisone for ≥ 1 month; person is receiving treatment with TNF- α antagonists (Remicad, Humira, etc.) or other biologic response modifiers and/or person needs baseline evaluation prior to start of treatment with the medications cited here.

III. Finding(s) (Check all findings that apply.)

In this section, indicate findings from the assessments in all previous sections.

IV. Action(s) (Check all actions that apply.)

NOTE: TST and IGRA blood tests should NOT be done within 6 weeks of a live viral vaccine.

- *Indicate the action(s) to take as a result of the findings in Section III.*
- If administering a TB Skin test or IGRA, provide all requested data.
- Repeat TB Skin test or IGRA if appropriate.

Additional follow-up to a Mantoux TB skin test or IGRA blood test

- If the patient's TST reaction or IGRA is interpreted as positive or if she/he has symptoms for TB disease, refer the patient immediately for medical evaluation and a chest x-ray.
- If a person has a history of a positive TST or IGRA and is currently asymptomatic, then refer for a chest x-ray if the following two conditions apply: 1) patient is a candidate for LTBI treatment; and, 2) patient is willing to adhere to the treatment.
- If treatment for LTBI is not planned and TB was previously ruled out with a normal chest x-ray, then repeat chest x-rays are not indicated unless symptomatic.